



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
COLLECTION SERVICE BOARD
NASHVILLE, TENNESSEE 37243-1155
615-741-1741 FAX 615-253-1179
www.state.tn.us/commerce/boards/collect**

Location Manager Application

Thank you for your interest in becoming a Licensed Collection Manager in Tennessee.

Before completing this application please read the Statute, Rules and Regulations carefully. Please pay close attention to Statutes 62-20-108 and 62-20-125.

Please submit:

1. Your completed application form (including photograph);
2. a non-refundable application fee of one hundred (\$100) dollars;
3. a current credit report and
4. A notarized letter, from someone *other than you*, attesting to experience in a position directly related to the collection of debts and/or the solicitation of accounts receivable for a period of not less than one (1) year.
5. Submit proof of high school diploma or G.E.D.

Your application must be in the Collection Service Board office ninety (90) days prior to you being scheduled to take the location manager examination.



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APPLICATION FOR LOCATION MANAGER

PLEASE PRINT OR TYPE

APPLICANTS FULL NAME

STREET CITY ZIP CODE

PLACE OF BUSINESS

STREET CITY ZIP CODE

RESIDENT TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH PLACE OF BIRTH

=====

BOARD'S USE ONLY - DO NOT WRITE IN THIS SPACE

DATE APPLICATION REVIEW

DATE APPLICATION APPROVED

APPROVED BY

DATE OF APPLICANT INTERVIEW

DATE APPLICANT APPROVED FOR TESTING

TEST RESULTS PASSED FAILED

=====

EDUCATION

HIGH SCHOOL GED

CITY AND STATE OF HIGH SCHOOL OR GED TAKEN

YEAR GRADUATED OR GED RECEIVED

**ATTACH PROOF OF HIGH SCHOOL GRADUATION OR CERTIFIED
COPY OF GED (GENERAL EDUCATIONAL DEVELOPMENT) CREDENTIAL**

EXPERIENCE

CURRENT EMPLOYER

STREET CITY STATE ZIP CODE

DATE OF EMPLOYMENT

INDIVIDUAL IN CHARGE

In the space below list all employment for immediate past three (3) years (other than current) whereby experience was obtained in a business which is governed by laws similar to those laws which govern a licensed collection service, including, (but not limited to) the Fair Debt Collection Practices Act. Describe your duties in detail - identify your immediate supervisor and/or individual in charge and list dates of the employment.

ATTACH ADDITIONAL SHEET IF NECESSARY

**ATTACH NOTARIZED LETTER OR LETTERS FROM COLLECTION SERVICES BOARD
LICENSEES AFFIRMING YOUR EXPERIENCE IN COLLECTION RELATED WORK.**

1. ARE YOU A LICENSED ATTORNEY? YES _____ NO _____

a. HAS YOUR LICENSE TO PRACTICE BEEN SUSPENDED AND/OR REVOKED IN THE PAST SEVEN (7) YEARS? YES _____ NO _____

2. HAVE YOU PREVIOUSLY TAKEN A COLLECTION SERVICE MANAGER EXAMINATION? YES _____ NO _____

a. DATE/DATES EXAMINATION TAKEN _____

b. DATE EXAMINATION WAS SUCCESSFULLY PASSED _____

c. HAVE YOU EVER BEEN DENIED A LICENSE BY THE TENNESSEE COLLECTION SERVICE BOARD? YES _____ NO _____

d. HAVE YOU EVER BEEN DENIED A LICENSE IN THE COLLECTION INDUSTRY BY ANOTHER STATE? YES _____ NO _____

3. WITHIN THE PAST SEVEN (7) YEARS, HAVE YOU:

a. BEEN CONVICTED IN ANY COURT OF FRAUD? YES _____ NO _____

b. BEEN CONVICTED IN ANY COURT OF ANY FELONY? YES _____ NO _____

c. BEEN CONVICTED IN ANY COURT OF ANY MISDEMEANOR? YES _____ NO _____

d. HAD ANY JUDGEMENT ENTERED AGAINST YOU IN ANY COURT FOR FAILING TO ACCOUNT TO ANY CLIENT FOR MONEY OR PROPERTY COLLECTED? YES _____ NO _____

e. FILED A PETITION UNDER THE FEDERAL BANKRUPTCY LAWS OR STATE INSOLVENCY LAWS, OR HAS HAD A RECEIVER, FISCAL AGENT OR SIMILAR OFFICER APPOINTED BY A COURT FOR YOUR BUSINESS OR PROPERTY? YES _____ NO _____

4. HAVE THERE BEEN ANY WARRANTS ISSUED AGAINST YOU FOR CHECKS WRITTEN WHERE FUNDS WERE INSUFFICIENT? YES _____ NO _____

5. HAVE YOU EVER HAD ACCOUNTS PLACED WITH AN ATTORNEY OR COLLECTION AGENCY FOR COLLECTION? YES _____ NO _____

NOTE: IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS ARE "YES" PLEASE PROVIDE ATTACHED INFORMATION EXPLAINING CIRCUMSTANCES AND OUTCOMES.
USE A SEPARATE SHEET OF PAPER FOR THIS INFORMATION.

6.LIST ALL RESIDENCES FOR THE PAST SEVEN (7) YEARS:

7.GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE (3) PERSONS HAVING FIRST HAD KNOWLEDGE OF YOUR JOB EXPERIENCE AND CHARACTER:

NAME

STREET CITY STATE ZIP CODE

TELEPHONE NUMBER

=====

NAME

STREET CITY STATE ZIP CODE

TELEPHONE NUMBER

=====

NAME

STREET CITY STATE ZIP CODE

TELEPHONE NUMBER

=====

I HEREBY AGREE THAT THE TENNESSEE COLLECTION SERVICE BOARD MAY USE ALL SOURCES TO VERIFY INFORMATION SHOWN ON THIS APPLICATION.

I UNDERSTAND ANY FALSE INFORMATION MAY CAUSE DISQUALIFICATION.

CITY COUNTY STATE ZIP CODE

APPLICANTS SIGNATURE

ATTACH SMALL PHOTOGRAPH BELOW
TAKEN WITHIN THE LAST TWELVE MONTHS
(BUST ONLY)

AFFIDAVIT

(TO BE ATTESTED BEFORE A NOTARY
PUBLIC OR OTHER OFFICER AUTHORIZED
TO ADMINISTER OATHS)

STATE OF _____

COUNTY OF _____

ON THE _____ DAY OF _____ 20_____, BEFORE ME, A
NOTARY PUBLIC IN AND FOR THE COUNTY AND STATE AFORESAID, CAME
_____ A RESIDENT OF _____

COUNTY AND STATE OF _____
KNOWN TO ME AS THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND
AS HAVING SIGNED THE FORM OF APPLICATION ATTACHED HERETO, AND ON OATH
DEPOSES AND SAYS THAT THE STATEMENTS MADE ARE TRUE.

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ DAY OF _____ 20____

NOTARY PUBLIC _____

(SEAL)

COMMISSION EXPIRES _____